P10/S8/06 (08-03)

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o a collection of Information unless it displays a valid OMB control number.

Under the Papervoix Reduction Ad to 1999, the persons are required to 1990 to 2 to									Application of Doctor Number		
COMPCE S 20 Substitute for Form PTO-875											
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL I	ENTITY	OR	OTHEF SMALL	R THAN ENTITY
FOR NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
	C FEE CFR 1.16(a))							:395	OR		:790
TOTA	AL CLAIMS CFR 1.16(c))		minus 20 =	Ţ.			x :25=		OR	x 550=	
INDE	PENDENT CLAIR CFR 1.16(b))	vis .	minus 3 =				x . 100=		OR.	×300=	·
		MT CLAIM PRESEN	IM PRESENT (37 CFR 1.16(d))				+1190		OR	.360	
							TOTAL		OR.	TOTAL	
in the difference in codumn 1 is less than zero, enter 0 in codumn 2.											
20 OTHER THAN										R THAN	
Ø		(Column 1)		(Column 2)	(Column 3)	_	SMALL	ENTITY	OR	_	ENTITY
٨	DOE	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ADDI- TIONAL
Z	40°	AFTER AMENDMENT	<u> </u>	PREVIOUSLY PAID FOR_	EXTRA	ľ		FEE		-3	FEE
)ME	Total (37 CFR 1.16(c))	. 5	Minus	30 °	u .		x s 25=	!	OR	x:50=\	<u> </u>
AMENDMENT	Independent (37 CFR 1.16(b))	. 1	Minus	" 3 3	u		x •100=		OR	x 2007	
AM	FIRST PRESENT	ATION OF MULTIPLE	DEPENDEN	T CLAIM (37 CF	R 1.16(d))		+180=		OR	+360	
						•	TOTAL ADD'L FEE		OR-	TOTAL ADD'L FEE	
		(Column 4)		(Column 2)	(Column 3)					:	
		(Column 1) CLAIMS		HIGHEST	<u> </u>	1		ADDI-	1	RATE	ADDI- :::
17 B		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	TIONAL FEE		: :	TIONAL-
Ä	Total	• AMENDMENT	Minus '	PAID FOR	=		1.A5	1,22	OR	x50	
Q.	(37 CFR 1.16(c)) Independent	•	Minus	144	=	i	x:100=	· -	OR	x NO=	
AMENDMENT	(37 CFR 1.16(b))			T OL AUG. (27 CE	20 4 46(40)		180		OR	-340-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						J	TOTAL		1	TOTAL ADD'L FEE	
							ADD'L FEE	L	OR	AUDITEL	L
<u> </u>		(Column 1)	, 	(Column 2) HIGHEST	(Column 3)	7		1	7		1
NTC		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	*	Minus	••	=	1	x 85 =		OR	<u>×50_=</u>	
Q.	Independent (37 CFR 1.16(b))		Minus	•••	=	1	× 100 =		OR	,200	
AMENDMENT	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					1	+180=		OR	+360=	
						T	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	If the entry in c	∞lumn 1 is less tha	an the entry i	in column 2, wri	te "0" in column	3.		L	」 ∵ ∵ ∵		
	" If the "Highest	Number Previously	v Paid For 1	N THIS SPACE	is less than 20	, er	ner "20". er "3".				

"" If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.